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CONFIRMATION NO. 8505

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|---|---|-------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/687,328  | <b>FILING OR 371(c) DATE</b><br>10/16/2003<br><b>RULE</b>   | <b>CLASS</b><br>435           | <b>GROUP ART UNIT</b><br>1634   | <b>ATTORNEY DOCKET NO.</b><br>7230-8 |                                |
| <b>APPLICANTS</b><br>Jose F. Arena, Rockville, MD;<br>Lisa Baumbach-Reardon, Plantation, FL;<br>Luis Gayol, Miami, FL;<br>Mary Ellen Ahearn, Miami Shores, FL;  |   |                               |   |                                      |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/418,910 10/16/2002   |   |                               |   |                                      |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                      |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>***01/21/2004   |   |                               |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>10            | <b>INDEPENDENT CLAIMS</b><br>1 |
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| <b>TITLE</b><br>BRCA1/BRCA2 screening panel   |   |                               |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>450   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |